PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless correcte maintenance fee notifica		erwise in Block 1, by (a	a) specifying a new corresponding	pondence address; and/or	(b) indicating a separat	e "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address			Fee(s	: A certificate of mailing s) Transmittal. This certifi rs. Each additional paper, its own certificate of mail	cate cannot be used for such as an assignment	omestic mailings of the any other accompanying or formal drawing, must
1515	7590 11/17/	/2009	PAA	^		. ,*
SUITE 206	/ALSH CENTE BOULEVA LS, CA 902112303	RD EB	2 2 2010 w addr trans	Certificate reby certify that this Fee(s se Postal Service with suff cessed to the Mail Stop I smitted to the USPTO (57)	of Mailing or Transmi) Transmittal is being d ficient postage for first c ISSUE FEE address ab J 273-2885, on the date	enosited with the United
DEVERET IIIL	LS, CA 902112303			J050 MII R	1. Frany	(Depositor's name)
		A TR	ADEMARKO!	ALLA		(Signature)
			F	e de la	26.201	(Date)
	<u> </u>			211000	10, 201	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTOI	RNEY DOCKET NO.	CONFIRMATION NO.
10/613,539 07/03/2003			John M. Curran 1830-06 4522			
TITLE OF INVENTION: SYSTEM AND METHOD FOR FACILITATING PIPE AND CONDUIT COUPLING						
		•			GEBREM2 00000004 10	613539
				01 FC:2501		755.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	02/17/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HEWITT, JAMES M		3679	285-367000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1 263). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SHAPEO INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) SHAPEO INC. (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY) SHAPEO INC. (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY)						
4a. The following fcc(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Issue Fcc 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)						
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Advance Order -			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
_/	tus (from status indicated	d above)	overpayment, to Depos	sit Account Number	(enclose an e	extra copy of this form).
	s SMALL ENTITY start			ger claiming SMALL ENT		
NOTE: The Issue Fee an	d Publication Feet Frequency	uired) will not be accepte	d from anyone other than the Office.	he applicant; a registered a	attorney or agent; or the	assignce or other party in
Authorized Signature		My		Date Feb	ruary!	
an application. Confiden submitting the complete this form and/or suggest	tiality is governed by 35 dapplication form to the lons for reducing this but irginia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	imated to take 12 minutes idual case. Any comment r, U.S. Patent and Tradem	to complete, including s on the amount of time tark Office, U.S. Depart	gathering, preparing, and you require to complete ment of Commerce, P.O.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.